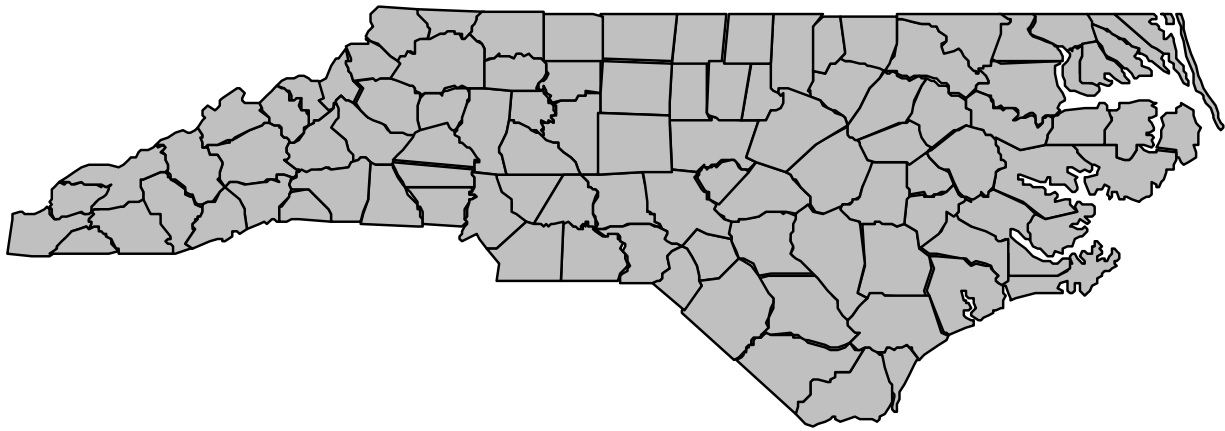


**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities,
and Substance Abuse Services**

**SFY 2012 Performance Contract
With Local Management Entities
Report/Data Submission Requirements**

**Second Quarter Report
October 1, 2011 - December 31, 2011**



Prepared by

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North Carolina Department of Health and Human Services

February 2012



SFY 2012 Performance Contract
Report/Data Submission Requirements
Second Quarter Report

Table of Contents

	<u>Page</u>
Introduction	1
Report Schedule	2
Summary of LME Performance	3
 Report/Data Submission Requirements	
Quarterly Reports	
1. Incident Reporting	4
2. Quarterly Fiscal Monitoring Reports	5
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	5
4. Work First Initiative Quarterly Reports	6
5. System of Care Report	7
6. Client Data Warehouse (CDW) - Screening Records	8
7. Client Data Warehouse (CDW) - Admissions	9
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	10
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	11
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	12
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	13
12. Client Data Warehouse (CDW) - Drug of Choice	14
13. Client Data Warehouse (CDW) - Episode Completion Records (SA Clients)	15
14. NC Treatment Outcomes and Program Performance System (Initial).....	16
15. NC Treatment Outcomes and Program Performance System (Update).....	17
16. NC Support Needs Assessment Profile (NC-SNAP)	18
 Semi-Annual Reports	
17. SAPTBG Compliance Report	19
18. National Core Indicators (NCI) Consents and Pre-Surveys	21

Introduction

This is the **Second Quarter Report** for SFY 2011-2012 under the Performance Contract between the LMEs and NC DHHS.

This report tracks LME performance (timeliness, completeness, accuracy) in submitting required data/reports to the Division of MH/DD/SAS. Some requirements are quarterly while others are semi-annual or annual requirements. For reasons of economy, only those requirements with a report due in the current quarter are included in this report.

The tables on the following pages list the report schedule, provide the performance requirements, and show LME performance for the current quarter. Data submission/report requirements that have been met are depicted with a star (★) in the standard met column for each report. If the requirement was not met, this column will be blank, and the element that caused the standard not to be met will be shaded red.

Overall, the LMEs met 90 percent of the four report submission requirements and 82 percent of the nine submission/report requirements measured this quarter. PBH and Alamance-Caswell report their data together and therefore do not report data in the NC-SNAP but through a special waiver. Additionally, Alamance-Caswell does not report data individually in the Client Data Warehouse (CDW) but with Piedmont.

Questions or Concerns

If staff of an LME have questions about any of the individual requirements or believe that information contained in this report is in error, they should contact their LME liaison within 30 days of the report date. The LME liaison will assist in getting answers to questions and/or having

SFY 2012 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1. Incident Reporting	X	X	X	X
2. Quarterly Fiscal Monitoring Reports	X	X	X	X
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
4. Work First Initiative Quarterly Reports	X	X	X	X
5. System of Care Report		X		X
6. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
7. Client Data Warehouse (CDW) - Admissions	X	X	X	X
8. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
10. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
11. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
12. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
16. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
17. SAPTBG Compliance Report		X		X
18. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys				X

*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

SFY 2012 Performance Contract Report/Data Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

Report Submission Measures

LME	Number of Report Submission Measures Met	Total Number of Report Submission Measures *	Percent of Report Submission Measures Met	1. Quarterly Incident Report	3. SAJJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. System of Care Quarterly Report	17. SAPTBG Compliance Semi-Annual Report	18. National Core Indicators Consents, Pre-Surveys, and Mail Surveys
Alamance-Caswell	3	4	75%		★	★	★		
Beacon Center	4	4	100%		★	★	★	★	
CenterPoint	4	4	100%		★	★	★	★	
Crossroads	3	4	75%		★		★	★	
Cumberland	4	4	100%		★	★	★	★	
Durham	4	4	100%		★	★	★	★	
East Carolina Behavioral Health	4	4	100%		★	★	★	★	
Eastpointe	4	4	100%		★	★	★	★	
Five County	4	4	100%		★	★	★	★	
Guilford	4	4	100%		★	★	★	★	
Johnston	3	3	100%		N/A	★	★	★	
Mecklenburg	3	3	100%		N/A	★	★	★	
Mental Health Partners	3	3	100%		N/A	★	★	★	
Onslow-Carteret	3	4	75%			★	★	★	
Orange-Person-Chatham	3	4	75%			★	★	★	
Pathways	3	3	100%		N/A	★	★	★	
PBH	2	4	50%		★	★			
Sandhills Center	4	4	100%		★	★	★	★	
Smoky Mountain	2	4	50%			★	★		
Southeastern Center	4	4	100%		★	★	★	★	
Southeastern Regional	4	4	100%		★	★	★	★	
Wake	4	4	100%		★	★	★	★	
Western Highlands	3	4	75%		★		★	★	
STATEWIDE - Number			90%	0	16	21	22	20	0
STATEWIDE - Percent				0.0%	84.2%	91.3%	95.7%	87.0%	0.0%

Data Submission Measures

Number of Data Submission Measures Met	Percent of 9 Measures Met	6. CDW - Screening Record	8. CDW - ICD-9 Diagnosis	9. CDW - Unknown Data (Admissions)	10. CDW - Unknown Data (Discharges)	11. CDW - Identifying and Demographic Records	12. CDW - Drug of Choice	13. CDW - Episode Completion Records (SA Clients)	14. NC TOPPS - Initial	15. NC TOPPS - Update	16. NC-SNAP
0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
8	89%	★	★	★	★	★	★	★			★
9	100%	★	★	★	★	★	★	★		★	★
8	89%	★	★	★	★	★	★	★			★
9	100%	★	★	★	★	★	★	★		★	★
8	89%	★	★	★	★	★	★	★			★
7	78%	★		★	★	★		★		★	★
9	100%	★	★	★	★	★	★	★		★	★
6	67%	★		★	★	★		★			★
8	89%	★	★	★	★	★	★	★			★
8	89%	★	★	★	★	★	★	★			★
8	89%	★	★	★	★	★	★	★			★
8	89%	★	★	★	★	★	★	★			★
8	89%	★	★	★	★	★	★	★			★
7	78%	★	★	★	★	★		★			★
8	89%	★	★	★	★	★	★	★			★
4	50%	★		★	★			★			N/A
8	89%	★	★	★	★	★	★	★			★
8	89%	★	★	★	★	★	★	★			★
9	100%	★	★	★	★	★	★	★		★	★
8	89%	★	★	★	★	★	★	★			★
6	67%	★	★	★	★	★	★				
8	89%	★	★	★	★	★	★	★			★
	82%	22	19	22	22	21	18	21	0	5	20
		95.7%	82.6%	95.7%	95.7%	91.3%	78.3%	91.3%	0.0%	21.7%	95.2%

* This column shows the total number of **report submission** measures that apply this quarter. Some reports are due quarterly, one is due semi-annually, and several are due annually.

★ Indicates the LME met the performance standard for the measure.

% Percents that are highlighted green indicate the LME met the performance standards for at least 65% of the measures in the respective category (e.g. report submission and/or data submission).

Meeting the performance standards for at least 65% of the measures is one of the factors considered in LME monitoring decisions and single stream funding eligibility.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

1. Incident Reporting

Performance Requirement: The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

SFY 2012 Standard: Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	2nd Qtr Report Due 1/20/12		Standard Met ²
	Date Received ¹	Elements Included	
Alamance-Caswell			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe		Report is Under Revision	
Five County			
Guilford			
Johnston			
Mecklenburg			
Mental Health Partners			
Onslow-Carteret			
Orange-Person-Chatham			
Pathways			
PBH			
Sandhills Center			
Smoky Mountain			
Southeastern Center			
Southeastern Regional			
Wake			
Western Highlands			

Number and Percent of LMEs that met the SFY 2012 Standard:

0 (0%)

Notes:

- Cells that are shaded red indicate reports that are not received by the due date or do not meet requirements. Date received does not affect whether the performance standard is met.
- ★ = Met the Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

2. Quarterly Fiscal Monitoring Report

Performance Requirement: LME submits all required fiscal monitoring reports in acceptable format by the following due dates:

- First quarter report = Oct 20.
- Second quarter report = Feb 20.
- Third quarter report = Apr 20.
- Fourth quarter report = Aug 31.

SFY 2012 Standard: Reports are accurate, complete, and received by the due date.

Local Management Entity	2nd Qtr Report Due 2/20/12		
	Date Received ¹	Accurate, Complete	Standard Met ²
Alamance-Caswell-Rockingham			
Beacon Center			
CenterPoint			
Crossroads			
Cumberland			
Durham			
East Carolina Behavioral Health			
Eastpointe			
Five County			
Guilford			
Johnston			
Mecklenburg			
Mental Health Partners			
Onslow-Carteret			
Orange-Person-Chatham			
Pathways			
PBH			
Sandhills Center			
Smoky Mountain			
Southeastern Center			
Southeastern Regional			
Wake			
Western Highlands			

Because the due date for this report is after the end of the quarter, the **Fourth** Quarter's results will be provided in the **First** Quarter report.

Number and Percent of LMEs that met the Performance Standard:

0 (0%)

Notes:

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

3. Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2012 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/12						
	Juvenile Detention		JJSAMH Partnership		Multi-purpose Group Home		Standard Met ²
	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	Date Received ¹	Accurate And Complete	
Alamance-Caswell			1/6/12	Yes			★
Beacon Center			1/9/12	Yes			★
CenterPoint	1/9/12	Yes	1/10/12	Yes			★
Crossroads			1/10/12	Yes			★
Cumberland	1/4/12	Yes	1/4/12	Yes			★
Durham	1/10/12	Yes	1/10/12	Yes			★
East Carolina Behavioral Health	1/6/12	Yes	1/11/12	Yes	1/6/12	Yes	★
Eastpointe			1/11/12	Yes	1/11/12	Yes	★
Five County			1/10/12	Yes			★
Guilford	1/10/12	Yes	1/10/12	Yes			★
Onslow-Carteret			1/9/12	No			
Orange-Person-Chatham			None	No			
PBH			1/11/12	Yes			★
Sandhills Center	1/4/12	Yes	1/4/12	Yes			★
Smoky Mountain	1/10/12	Yes			None	No	
Southeastern Center	1/10/12	Yes	1/17/12	Yes			★
Southeastern Regional			1/4/12	Yes	1/4/12	Yes	★
Wake	1/16/12	Yes	1/16/12	Yes			★
Western Highlands	1/17/12	Yes	1/17/12	Yes			★
Mental Health Partners							
Mecklenburg							
Pathways							
Johnston							

These LMEs do not have a SA/JJ Initiative.

Number of Percent of LMEs that Met the SFY2012 Standard:

16 (84.2%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red.

Italicized dates with yellow shading were received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

3. Mecklenburg using funds for Drug Court.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

4. Work First Initiative Quarterly Reports

Performance Requirement: LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2012 Standard: All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/20/12		Standard Met ²
	Date Received ¹	Accurate And Complete	
Alamance-Caswell	1/27/2012	Yes	★
Beacon Center	1/18/2012	Yes	★
CenterPoint	1/19/2012	Yes	★
Crossroads	1/20/2012	Yes	★
Cumberland	1/19/2012	Yes	★
Durham	1/24/2012	Yes	★
East Carolina Behavioral Health	1/20/2012	Yes	★
Eastpointe	1/12/2012	Yes	★
Five County	1/20/2012	Yes	★
Guilford	1/18/2012	Yes	★
Johnston	1/20/2012	Yes	★
Mecklenburg	1/17/2012	Yes	★
Mental Health Partners	1/13/2012	Yes	★
Onslow-Carteret	1/17/2012	Yes	★
Orange-Person-Chatham	1/17/2012	Yes	★
Pathways	1/17/2012	Yes	★
PBH	1/17/2012	Yes	★
Sandhills Center	1/18/2012	Yes	★
Smoky Mountain	1/12/2012	Yes	★
Southeastern Center	1/11/2012	Yes	★
Southeastern Regional	1/13/2012	Yes	★
Wake	1/19/2012	Yes	★
Western Highlands	1/31/2012	Yes	

Number and Percent of LMEs that met the SFY 2012 Standard:

22 (95.7%)

Notes:

1. Dates that are shaded red indicate reports received >10 days after the due date.

Dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

5. System of Care

Performance Requirement: LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2012 Standard: All reports are accurate and complete and are received no later than 7 days after the due date.

Local Management Entity	2nd Qtr Report Due 1/15/12		Standard Met ²
	Date Received ¹	Complete	
Alamance-Caswell	1/13/12	Yes	★
Beacon Center	1/12/12	Yes	★
CenterPoint	1/12/12	Yes	★
Crossroads	1/14/12	Yes	★
Cumberland	1/15/12	Yes	★
Durham	1/11/12	Yes	★
East Carolina Behavioral Health	1/13/12	Yes	★
Eastpointe	1/9/12	Yes	★
Five County	1/13/12	Yes	★
Guilford	1/3/12	Yes	★
Johnston	1/11/12	Yes	★
Mecklenburg	1/15/12	Yes	★
Mental Health Partners	1/15/12	Yes	★
Onslow-Carteret	1/12/12	Yes	★
Orange-Person-Chatham	1/3/12	Yes	★
Pathways	1/10/12	Yes	★
PBH	1/27/12	Yes	
Sandhills Center	1/9/12	Yes	★
Smoky Mountain	1/13/12	Yes	★
Southeastern Center	1/4/12	Yes	★
Southeastern Regional	1/13/12	Yes	★
Wake	1/3/12	Yes	★
Western Highlands	1/11/12	Yes	★

Number and Percent of LMEs that met the SFY 2012 Standard:

22 (95.7%)

Notes:

1. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

**6. Client Data Warehouse (CDW)
Screening Records**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (July 1, 2011 - September 30, 2011) with a cross-reference to the CNDS completed within 30 days of initial contact.

SFY 2012 Standard: 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	LME submits data through PBH				
Beacon Center	1,362	0	1,362	100%	★
CenterPoint	3,014	1	3,013	100%	★
Crossroads	1,836	1	1,835	100%	★
Cumberland	1,345	0	1,345	100%	★
Durham	1,593	0	1,593	100%	★
East Carolina Behavioral Health	1,137	69	1,068	94%	★
Eastpointe	1,823	25	1,798	99%	★
Five County	5	0	5	100%	★
Guilford	2,265	17	2,248	99%	★
Johnston	232	1	231	100%	★
Mecklenburg	1,092	0	1,092	100%	★
Mental Health Partners	1,325	11	1,314	99%	★
Onslow-Carteret	742	14	728	98%	★
Orange-Person-Chatham	1	0	1	100%	★
Pathways	1,553	1	1,552	100%	★
PBH	168	13	155	92%	★
Sandhills Center	510	0	510	100%	★
Smoky Mountain	2,352	0	2,352	100%	★
Southeastern Center	2,084	9	2,075	100%	★
Southeastern Regional	1,852	0	1,852	100%	★
Wake	2,509	2	2,507	100%	★
Western Highlands	3,280	1	3,279	100%	★
TOTAL	32,080	165	31,915	99%	★

Number and Percent of LMEs that met the SFY 2012 Performance Standard:

22 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements

Second Quarter Report

October 1, 2011 - December 31, 2011

**7. Client Data Warehouse (CDW)
Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of January 31, 2012.

Local Management Entity	Facility Code	OCT	NOV	DEC	Second Quarter Adm SFY2012	Second Quarter Adm SFY2011	Monthly Average SFY2012	Monthly Average SFY2011
Alamance-Caswell	23051	LME submits data through PBH						
Beacon Center	43051	220	219	200	639	486	213	162
CenterPoint	23021	614	522	356	1,492	1,378	497	459
CrossRoads	23011	182	79	70	331	443	110	148
Cumberland	33051	264	243	207	714	601	238	200
Durham	23071	280	251	181	712	642	237	214
East Carolina Behavioral Health	43071	444	343	15	802	1,481	267	494
Eastpointe	43081	348	302	248	898	1,059	299	353
Five County	23081	145	87	21	253	574	84	191
Guilford	23041	337	247	159	743	1,042	248	347
Johnston	33071	155	124	110	389	361	130	120
Mecklenburg	13101	395	301	265	961	796	320	265
Mental Health Partners	13091	274	262	212	748	540	249	180
Onslow-Carteret	43021	28	12	3	43	145	14	48
Orange-Person-Chatham	23061	191	153	130	474	520	158	173
Pathways	13081	384	400	304	1,088	689	363	230
PBH	13121	2,483	1,734	1,249	5,466	874	1,822	291
Sandhills	33031	491	431	138	1,060	1,352	353	451
Smoky Mountain	13010	469	285	169	923	1,292	308	431
Southeastern Center	43011	374	298	226	898	999	299	333
Southerastern Regional	33040	266	232	190	688	353	229	118
Wake	33081	488	424	303	1,215	431	405	144
Western Highlands	13131	850	798	874	2,522	2,313	841	771
TOTAL ADMISSIONS		9,682	7,747	5,630	23,059	18,371	7,686	6,124

Data that are shaded are incomplete or appear to be inaccurate.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

8. Client Data Warehouse (CDW) Diagnosis Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2011 - September 30, 2011) with a diagnosis completed within 30 days of beginning date of service.

SFY 2012 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell	LME submits data through PBH				
Beacon Center	683	0	683	100%	★
CenterPoint	1,678	0	1,678	100%	★
Crossroads	720	7	713	99%	★
Cumberland	890	1	889	100%	★
Durham	884	0	884	100%	★
East Carolina Behavioral Health	2,513	566	1,947	77%	
Eastpointe	908	4	904	100%	★
Five County	739	135	604	82%	
Guilford	1,249	27	1,222	98%	★
Johnston	523	0	523	100%	★
Mecklenburg	1,166	0	1,166	100%	★
Mental Health Partners	949	30	919	97%	★
Onslow-Carteret	141	5	136	96%	★
Orange-Person-Chatham	923	61	862	93%	★
Pathways	1,341	13	1,328	99%	★
PBH	5,995	4,267	1,728	29%	
Sandhills Center	1,498	17	1,481	99%	★
Smoky Mountain	1,715	1	1,714	100%	★
Southeastern Center	1,160	7	1,153	99%	★
Southeastern Regional	924	0	924	100%	★
Wake	1,335	9	1,326	99%	★
Western Highlands	2,754	0	2,754	100%	★
TOTAL	30,688	5,150	25,538	83%	

Number and Percent of LMEs that met the SFY 2012 Standard:

19 (86.4%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

9. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Admissions)

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2011 - September 30, 2011) where all mandatory data fields contain a value other than 'unknown'.

SFY 2012 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Family Income	Family Size	Arrests 30 Days	Attention Self Help	Standard Met ²
Alamance-Caswell	LME submits data through PBH													
Beacon Center	683	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,678	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	720	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	890	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	★
Durham	884	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	2,513	100%	100%	100%	100%	100%	100%	98%	100%	100%	100%	100%	100%	★
Eastpointe	908	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	739	100%	97%	100%	100%	98%	100%	97%	100%	100%	100%	100%	100%	★
Guilford	1,249	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	★
Johnston	523	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	1,166	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	949	100%	99%	99%	100%	99%	100%	93%	100%	100%	100%	100%	100%	★
Onslow-Carteret	141	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	923	100%	99%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	★
Pathways	1,341	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
PBH	5,995	100%	100%	100%	100%	94%	100%	95%	100%	100%	100%	100%	100%	★
Sandhills Center	1,498	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,715	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	1,160	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	924	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,335	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
Western Highlands	2,754	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	★
TOTAL	30,688	100%	100%	100%	100%	99%	100%	98%	100%	100%	100%	100%	100%	★

Number and Percent of LMEs that met the SFY 2012 Standard:

22 (100%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

10. Client Data Warehouse (CDW)
"Unknown" Value In Mandatory Fields (Discharges)

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients discharged during the prior quarter (July 1, 2011 - September 30, 2011) where all mandatory data fields contain a value other than 'unknown'.

SFY 2012 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Discharge Records	Discharge Reason	Referral To	Living Arrangement	Employment Status	Arrests Prior 30 Days	Attention Self Help	Standard Met ²
Alamance-Caswell	LME submits data through PBH							
Beacon Center	358	100%	100%	100%	100%	100%	100%	★
CenterPoint	1,038	100%	100%	100%	100%	100%	100%	★
Crossroads	311	100%	100%	100%	100%	100%	100%	★
Cumberland	810	100%	100%	100%	98%	100%	100%	★
Durham	581	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	1,558	100%	100%	100%	100%	100%	100%	★
Eastpointe	3,257	100%	100%	100%	100%	100%	100%	★
Five County	833	100%	100%	100%	100%	100%	100%	★
Guilford	947	100%	100%	100%	100%	100%	100%	★
Johnston	383	100%	100%	100%	100%	100%	100%	★
Mecklenburg	193	100%	100%	100%	100%	100%	100%	★
Mental Health Partners	736	100%	100%	100%	100%	100%	100%	★
Onslow-Carteret	35	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	683	100%	100%	100%	100%	100%	100%	★
Pathways	797	100%	100%	100%	100%	100%	100%	★
PBH	5,350	100%	100%	100%	100%	100%	100%	★
Sandhills Center	383	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	651	100%	100%	100%	100%	100%	100%	★
Southeastern Center	549	100%	100%	100%	100%	100%	100%	★
Southeastern Regional	500	100%	100%	100%	100%	100%	100%	★
Wake	475	100%	100%	100%	100%	100%	100%	★
Western Highlands	2,238	100%	100%	100%	100%	100%	100%	★
TOTAL	22,666	100%	100%	100%	100%	100%	100%	★

Number and Pct of LMEs that met the SFY 2012 Standard:

22 (100%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

11. Client Data Warehouse (CDW) Identifying and Demographic Records

Performance Requirement: LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (July 1, 2011 - September 30, 2011) with an identifying record and demographic record completed within 30 days of the beginning date of service.

SFY 2012 Standard: 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met ²
Alamance-Caswell		LME submits data through PBH			
Beacon Center	1,291	0	1,291	100%	★
CenterPoint	3,072	120	2,952	96%	★
Crossroads	1,045	39	1,006	96%	★
Cumberland	1,630	1	1,629	100%	★
Durham	2,085	1	2,084	100%	★
East Carolina Behavioral Health	3,614	223	3,391	94%	★
Eastpointe	2,219	81	2,138	96%	★
Five County	1,148	91	1,057	92%	★
Guilford	3,265	3	3,262	100%	★
Johnston	1,320	2	1,318	100%	★
Mecklenburg	2,466	148	2,318	94%	★
Mental Health Partners	2,358	110	2,248	95%	★
Onslow-Carteret	930	0	930	100%	★
Orange-Person-Chatham	1,428	30	1,398	98%	★
Pathways	2,630	25	2,605	99%	★
PBH	1,979	265	1,714	87%	
Sandhills Center	3,315	98	3,217	97%	★
Smoky Mountain	4,520	117	4,403	97%	★
Southeastern Center	2,509	68	2,441	97%	★
Southeastern Regional	1,577	0	1,577	100%	★
Wake	4,087	100	3,987	98%	★
Western Highlands	4,434	3	4,431	100%	★
TOTAL	52,922	1,525	51,397	97%	★

Number and Percent of LMEs that met the SFY 2012 Standard:

21 (95.5%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

12. Client Data Warehouse (CDW) Drug Of Choice Data

Performance Requirement: LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASCDR, ASCJO, ASCS, ASDSS, ASTNC, CSTNC, ASTER, ASWOM, CSCS, CSMAJ, and CSSAD.

The table below shows the percentage of open clients in the designated target populations (July 1, 2011 - September 30, 2011) with a drug of choice record completed within 60 days of the beginning date of service.

SFY 2012 Standard: 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims ³	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met ²
Alamance-Caswell	LME submits data through PBH				
Beacon Center	152	0	152	100%	★
CenterPoint	762	22	740	97%	★
Crossroads	227	0	227	100%	★
Cumberland	377	0	377	100%	★
Durham	442	0	442	100%	★
East Carolina Behavioral Health	229	25	204	89%	
Eastpointe	428	1	427	100%	★
Five County	189	114	75	40%	
Guilford	787	7	780	99%	★
Johnston	159	4	155	97%	★
Mecklenburg	766	9	757	99%	★
Mental Health Partners	344	1	343	100%	★
Onslow-Carteret	93	1	92	99%	★
Orange-Person-Chatham	304	154	150	49%	
Pathways	528	8	520	98%	★
PBH	560	71	489	87%	
Sandhills Center	772	1	771	100%	★
Smoky Mountain	856	1	855	100%	★
Southeastern Center	584	5	579	99%	★
Southeastern Regional	267	0	267	100%	★
Wake	572	12	560	98%	★
Western Highlands	990	5	985	99%	★
TOTAL	10,388	441	9,947	96%	★

Number and Pct of LMEs that met the SFY 2012 Standard:

18 (81.8%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

**13. Client Data Warehouse (CDW)
Episode Completion (Discharge) Record - Substance Abuse Clients**

Performance Requirement: LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days. This report separately focuses on **SA clients** who are identified for reporting to TEDS (Treatment Episodes Data System).

The table below shows the percentage of SA clients admitted since October 1, 2006, when this measure began, who during the prior quarter (July 1, 2011 - September 30, 2011) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

SFY 2012 Standard: 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record ³	Number <u>with</u> Appropriate Activity or an Episode Completion Record ⁴	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met ²
Alamance-Caswell	LME submits data through PBH				
Beacon Center	104	0	104	100%	★
CenterPoint	336	32	304	90%	★
Crossroads	104	9	95	91%	★
Cumberland	309	2	307	99%	★
Durham	151	4	147	97%	★
East Carolina Behavioral Health	588	50	538	91%	★
Eastpointe	167	6	161	96%	★
Five County	107	8	99	93%	★
Guilford	274	11	263	96%	★
Johnston	44	0	44	100%	★
Mecklenburg	178	2	176	99%	★
Mental Health Partners	266	1	265	100%	★
Onslow-Carteret	40	0	40	100%	★
Orange-Person-Chatham	207	9	198	96%	★
Pathways	413	11	402	97%	★
PBH	350	20	330	94%	★
Sandhills Center	438	13	425	97%	★
Smoky Mountain	513	8	505	98%	★
Southeastern Center	253	5	248	98%	★
Southeastern Regional	161	7	154	96%	★
Wake	141	90	51	36%	
Western Highlands	620	51	569	92%	★
TOTAL	5,764	339	5,425	94%	★

Number and Pct of LMEs that met the SFY 2012 Standard:

21 (95.5%)

Notes:

- Percentages less than 90% are shaded red.
- ★ = Met the Performance Contract Standard.
- Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.
- Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

**14. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Initial Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2012 Standard: 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments ³	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met ²
		# of Initial Assessments Received	% of Expected Assessments Received ¹	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell						
Beacon Center						
CenterPoint						
Crossroads						
Cumberland						
Durham		Report is under revision.				
East Carolina Behavioral Health						
Eastpointe						
Five County						
Guilford						
Johnston						
Mecklenburg						
Mental Health Partners						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
PBH						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

The timeliness criterion was not used to determine whether the performance standard was met this quarter

Number and Percent of LMEs that met the SFY 2012 Standard:

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS)
Update Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2012 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met ²
		# of Update Assessments Received	% of Expected Assessments Received ¹	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time ¹	
Alamance-Caswell	284	261	91.9%	191	67.3%	
Beacon Center	424	395	93.2%	277	65.3%	
CenterPoint	1,034	1,025	99.1%	934	90.3%	★
Crossroads	298	282	94.6%	204	68.5%	
Cumberland	462	441	95.5%	420	90.9%	★
Durham	606	593	97.9%	517	85.3%	
East Carolina Behavioral Health	897	888	99.0%	863	96.2%	★
Eastpointe	616	601	97.6%	563	91.4%	★
Five County	293	282	96.2%	231	78.8%	
Guilford	888	706	79.5%	437	49.2%	
Johnston	142	132	93.0%	100	70.4%	
Mecklenburg	1,524	1,393	91.4%	1,162	76.2%	
Mental Health Partners	405	397	98.0%	340	84.0%	
Onslow-Carteret	154	153	99.4%	114	74.0%	
Orange-Person-Chatham	200	196	98.0%	164	82.0%	
Pathways	961	957	99.6%	774	80.5%	
PBH	646	632	97.8%	528	81.7%	
Sandhills Center	863	819	94.9%	612	70.9%	
Smoky Mountain	798	718	90.0%	569	71.3%	
Southeastern Center	563	552	98.0%	543	96.4%	★
Southeastern Regional	696	689	99.0%	546	78.4%	
Wake	911	868	95.3%	685	75.2%	
Western Highlands	997	831	83.4%	600	60.2%	
Totals	14,662	13,811	94.2%	11,374	77.6%	

Number and Percent of LMEs that met the SFY 2012 Standard:

5 (0.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

16. NC Support Needs Assessment Profile (NC-SNAP)

Performance Requirement: The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

SFY 2012 Standard: 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met ²
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old ¹	
Alamance-Caswell	LME submits data through special waiver not the NC-SNAP			
Beacon Center	782	781	99.9%	★
CenterPoint	1432	1432	100.0%	★
Crossroads	662	662	100.0%	★
Cumberland	723	723	100.0%	★
Durham	835	816	97.7%	★
East Carolina Behavioral Health	1765	1726	97.8%	★
Eastpointe	1044	1044	100.0%	★
Five County	571	539	94.4%	★
Guilford	1171	1171	100.0%	★
Johnston	366	364	99.5%	★
Mecklenburg	2027	2019	99.6%	★
Mental Health Partners	674	667	99.0%	★
Onslow-Carteret	410	410	100.0%	★
Orange-Person-Chatham	703	674	95.9%	★
Pathways	1551	1548	99.8%	★
PBH	LME submits data through special waiver not the NC-SNAP			
Sandhills Center	1095	1095	100.0%	★
Smoky Mountain	1364	1364	100.0%	★
Southeastern Center	1184	1184	100.0%	★
Southeastern Regional	933	933	100.0%	★
Wake	2243	1938	86.4%	
Western Highlands	1813	1736	95.8%	★
Totals	23,348	22,826	97.8%	★

Number and Percent of LMEs that met the SFY 2012 Standard:

20 (95.2%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2012 Performance Contract Data/Report Submission Requirements
Second Quarter Report
October 1, 2011 - December 31, 2011

17. SAPTBG Compliance Report

Performance Requirement: The LME shall submit a semi-annual SAPTBG Compliance Report by the 20th of the month following the end of the semi-annual period. Reports are accurate and complete and show at least 48 hours of Synar activity for the period.

SFY 2012 Standard: All reports are accurate and complete, show 48 hours of Synar activity, and are received no later than 10 days after the due date.

Local Management Entity	Mid-Year Report (Due 1/20/12)			Standard Met ²
	Date Received ¹	Accurate and Complete	48 Hours Of Synar Activity	
Alamance-Caswell	2/10/12	Yes	Yes	
Beacon Center	1/18/12	Yes	Yes	★
CenterPoint	1/19/12	Yes	Yes	★
Crossroads	1/18/12	Yes	Yes	★
Cumberland	1/18/12	Yes	Yes	★
Durham	1/20/12	Yes	Yes	★
East Carolina Behavioral Health	1/20/12	Yes	Yes	★
Eastpointe	1/17/12	Yes	Yes	★
Five County	1/19/12	Yes	Yes	★
Guilford	1/19/12	Yes	Yes	★
Johnston	1/18/12	Yes	Yes	★
Mecklenburg	1/20/12	Yes	Yes	★
Mental Health Partners	1/19/12	Yes	Yes	★
Onslow-Carteret	1/20/12	Yes	Yes	★
Orange-Person-Chatham	1/18/12	Yes	Yes	★
Pathways	1/18/12	Yes	Yes	★
PBH	2/1/12	Yes	Yes	
Sandhills Center	1/19/12	Yes	Yes	★
Smoky Mountain	1/20/12	Yes	No	
Southeastern Center	1/18/12	Yes	Yes	★
Southeastern Regional	1/13/12	Yes	Yes	★
Wake	1/20/12	Yes	Yes	★
Western Highlands	1/20/12	Yes	Yes	★

Number and Percent of LMEs that met the SFY 2012 Standard:

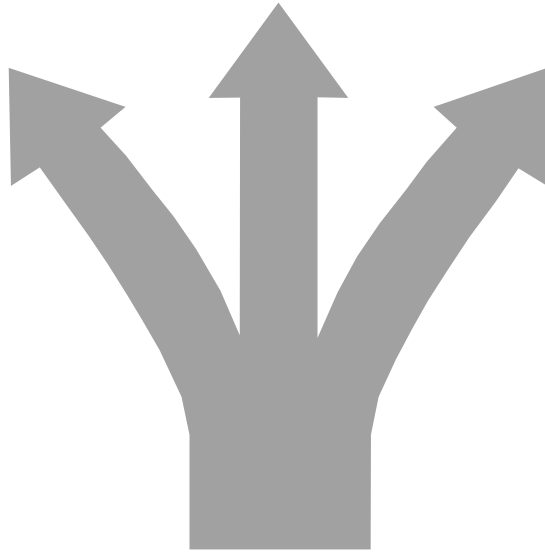
20 (87%)

Notes:

1. Dates that are highlighted red indicate reports received more than 10 days after the due date.

Dates that are highlighted yellow indicate reports received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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Revisions Made To the SFY2012 Performance Contract Second Quarter Report